

Name
in
FullMary Ann Catharine Aldridge
nepe Bloom

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Date

Month

Day

Years

Months

Days

of death 1905

2

15

Age

80

10

4

Sex

Female

Color or
Race

White

Birth-
place

Balto. Co.,

Occupation

Housewife

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Jas. Hartley

Father's
Birthplace

Balto. Co.,

Mother's
Maiden Name

Martha Hartley

Mother's
Birthplace

Balto. Co.,

Name of person giving
Information

Rev. N. Aldridge

How related
to deceased

Son,

CAUSES OF DEATH

Primary

Cold

How long

2 weeks

Immediate

Pneumonia

How long

1 "

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

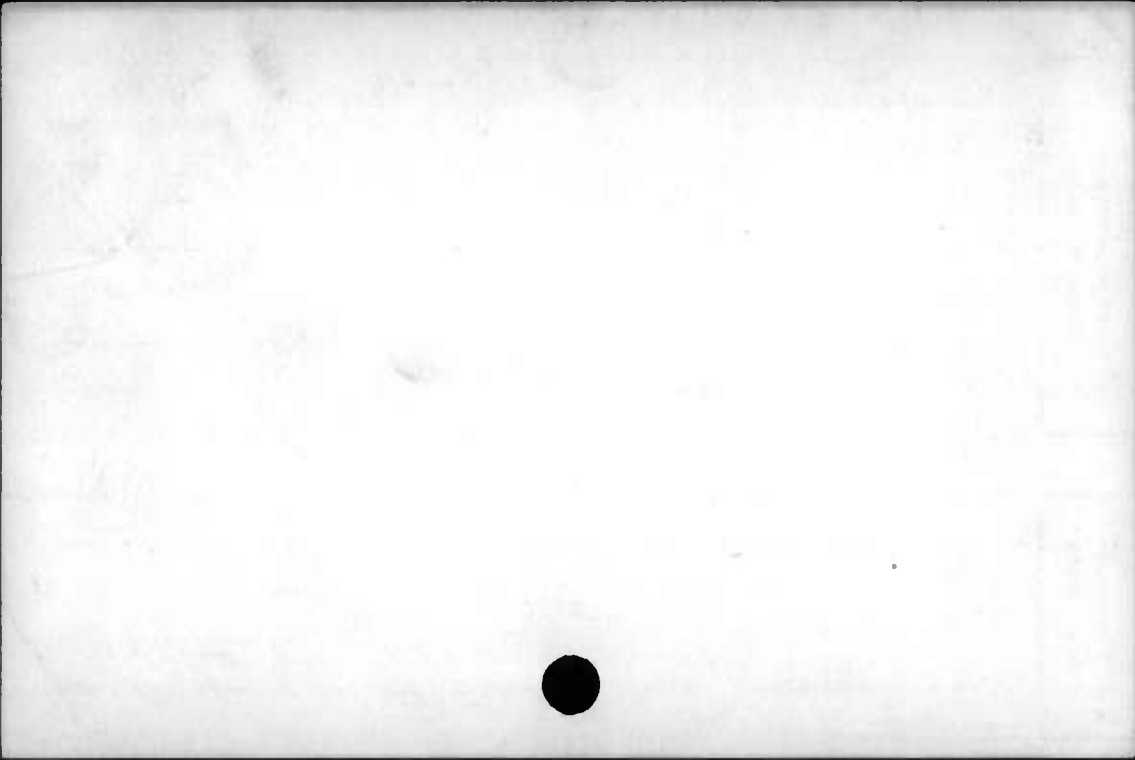
Address

E. J. Cronk

Winfield

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Wm J. Baker

CERTIFICATE OF DEATH

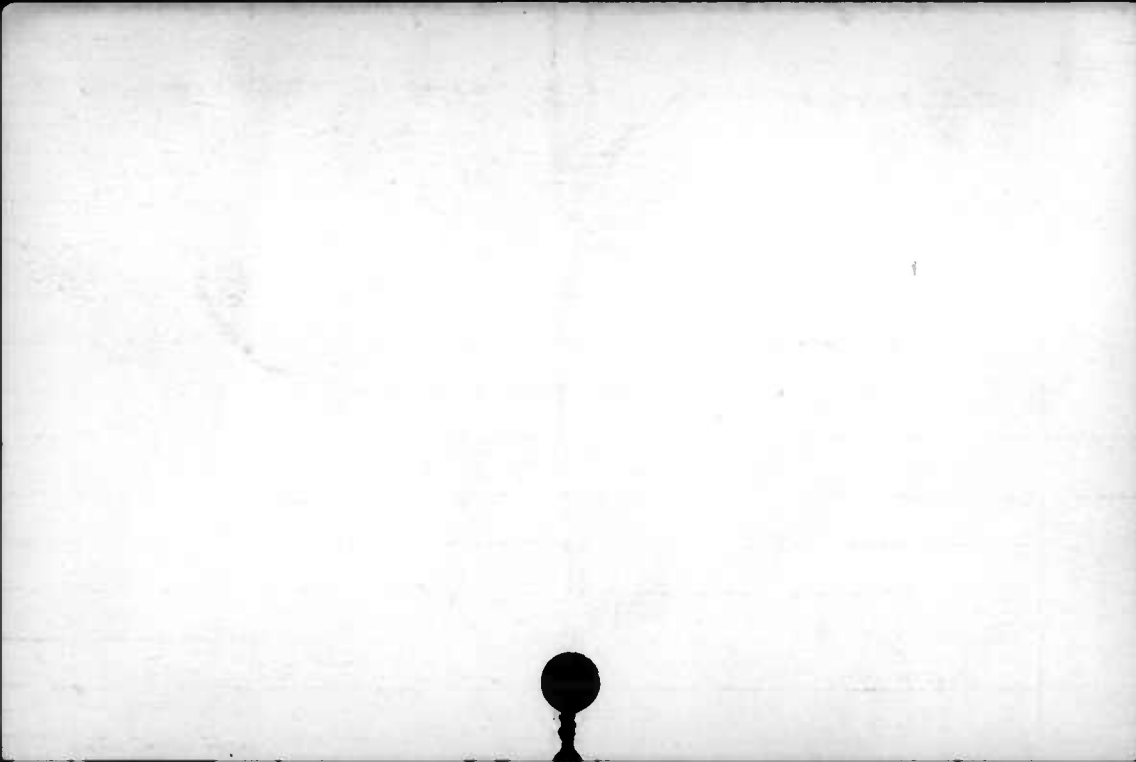
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Springfield		County Sykesville		MARYLAND	
Date of death	1905	Month Feb.	Day 14	Age	63	Months —	Days —
Sex	male		Color or Race	White		Birth- place	Md.
Occupation	Hardware Merchant			Where Residing If not at place of death			
Married, Single or Widowed	Name of Wife or Husband			?			
Father's Name						Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving Information	Hospital records					How related to deceased	40

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Carcinoma of Stomach		How long ?	Rapidly failing for 3 months
Immediate	Exhaustion		How long	
Are the name, age, sex, color, date and place correctly given above?	To test		Signature of Physician	Chas. J. Carey
	of my knowledge		Address	Sykesville Md.
Accident or Suicide?	No			



Name
in
Full

Ida Barchet

CERTIFICATE OF DEATH

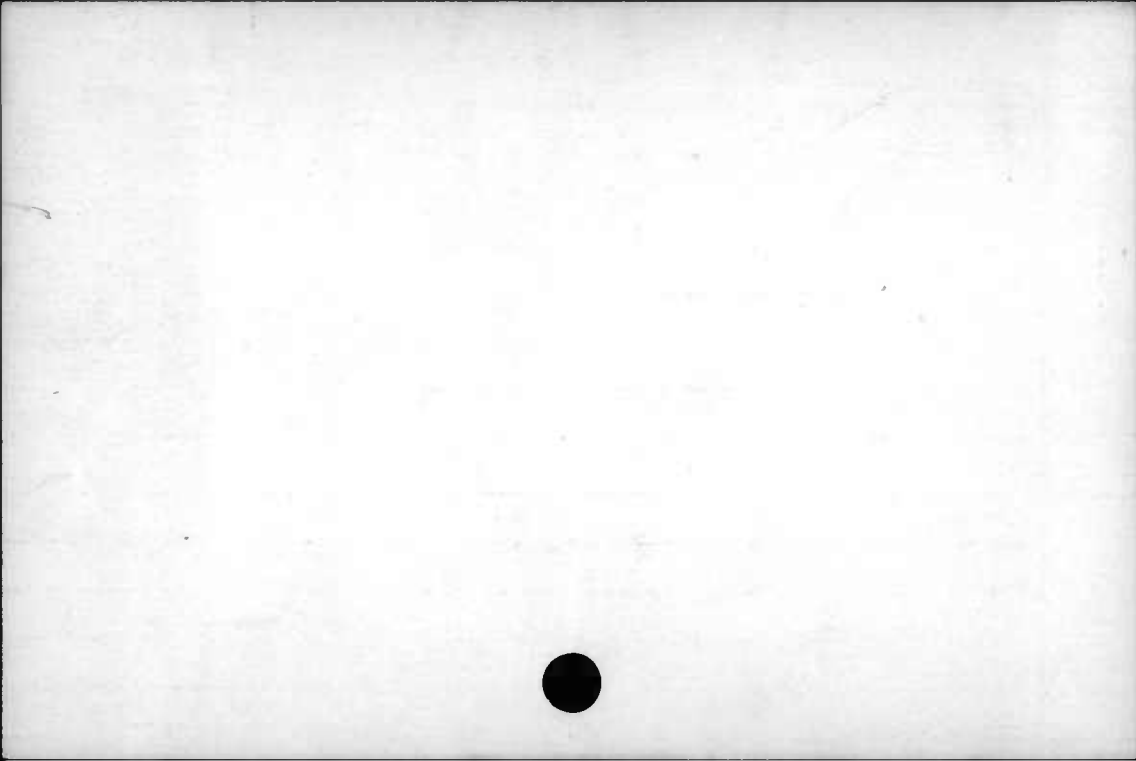
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lykesville</i> ^{Town}			<i>Carroll</i> ^{County}		MARYLAND	
Date of death <i>1905</i>	Month <i>2nd</i>	Day <i>16th</i>	Years <i>44</i>	Months	Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>New York</i>		
Occupation <i>Seamstress</i>			Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Gottlob Barchet</i>				
Father's Name <i>Anton Friebiger</i>				Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Unknown</i>				Mother's Birthplace <i>Germany</i>		
Name of person giving information <i>Gottlob Barchet</i>				How related to deceased <i>Husband</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute Mania</i>	How long <i>68</i> <i>11 months</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John Norfolk Morris M.D.</i>
	Address <i>Springfield Hospital</i>
Accident or Suicide? <i>No.</i>	<i>Lykesville, Carroll Co. Md.</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

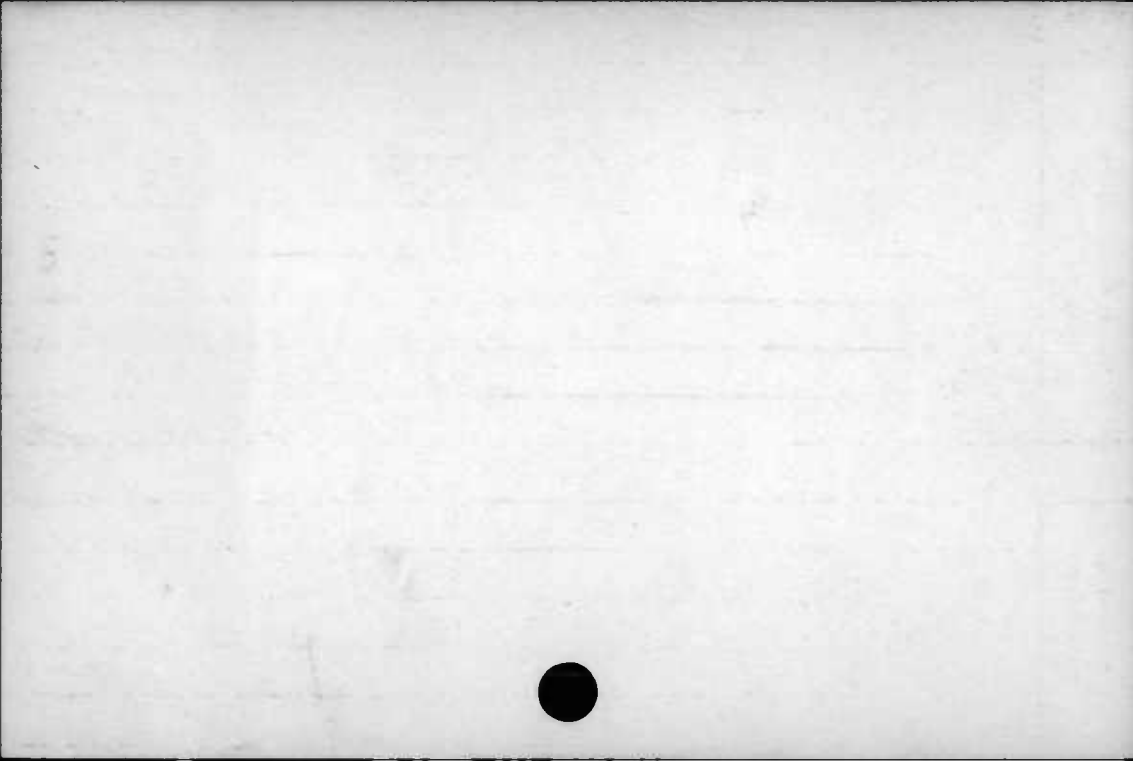
Annie Baublitz

Died at <i>Uniontown (near)</i>		County <i>Barroll</i>		MARYLAND	
Date of death 1905	Month <i>Feb</i>	Day <i>22</i>	Age <i>90</i>	Months <i>10</i>	Days <i>8</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Married, Single or Widowed <i>Widowed</i>			Occupation <i>Housewife</i>		
Name of Wife or Husband <i>Lewis Baublitz</i>					
Father's Name <i>Don't Know</i>				Father's Birthplace	
Mother's Maiden Name <i>Don't Know</i>				Mother's Birthplace	
Name of person giving In formation <i>Mrs. Jennie Baublitz</i>				How related to deceased <i>Daughter-in-law</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Epidemic Influenza</i>	How long <i>4 weeks</i>
Immediate <i>Heart weakness incident to age</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Luther Kemp</i>
	Address <i>Uniontown Md</i>
Accident or Suicide?	



Name
in
Full

Mory Bern Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Union Mills* ^{Town} *Lennox* ^{County} **MARYLAND**

Date of death *1905* ^{Month} *February* ^{Day} *9* ^{Years} *66* ^{Months} *7* ^{Days} *7*

Sex *Female* Color or Race *White* Birth-place *Maryland*

Occupation _____ Where Residing if not at place of death _____

Married, Single
or ~~Widowed~~Name of Wife or
HusbandFather's
Name*John Bern Miller*Father's
Birthplace*Germany*Mother's
Maiden NameMother's
BirthplaceName of person giving
Information*Edward Graft*How related
to deceased*Not related*

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician

Address

177

Dr. J. Stewart

Union Mills Md

Accident or Suicide?



Milton Bennett

Town

County

Died at

Eldersburg

Carroll

MARYLAND

Date 1905

Month

Day

Feb. 12

Y.

M.

D.

Age 54 6 18

Native of

Md.

Occupation

Farmer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

5

Husband

of

Mamie E. Shipley

Father's

Name

Mother's

Name

Cause of

Primary

Interstitial Nephritis

How long sick

4 yrs.

Death

Immediate

anemia

120

Accident, Suicide, Homicide

Reported by

M. D. Morris, M.D.

Address

Eldersburg, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

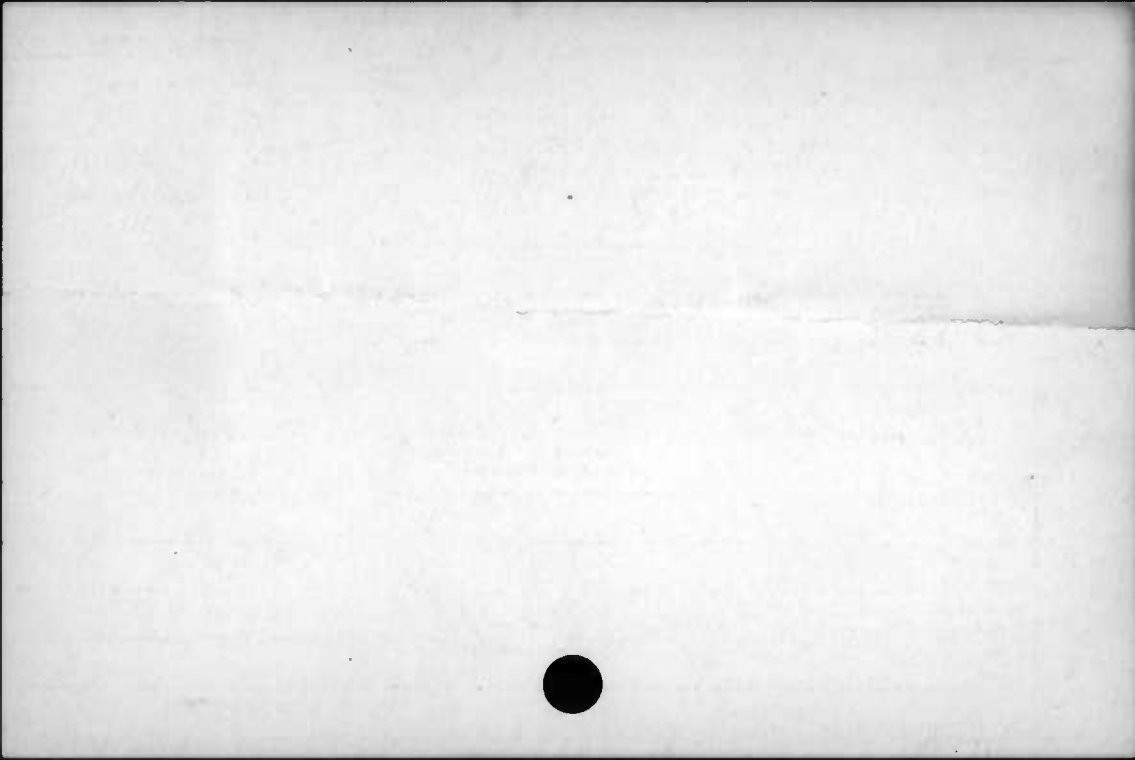
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Ridgwell</i>		County <i>Carroll</i>		MARYLAND	
Date of death 190		5	Month <i>Feb.</i>	Day <i>17</i>	Age <i>83</i>	Years <i>3</i>	Months <i>19</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Montgomery County, Md.</i>			
Married, Single or Widowed <i>Married</i>		Occupation <i>Retired Farmer</i>					
Name of Wife or Husband <i>Lavinia P. Boyer</i>							
Father's Name <i>John Boyer</i>		Father's Birthplace <i>Md.</i>					
Mother's Maiden Name <i>Elizabeth Day</i>		Mother's Birthplace <i>Md.</i>					
Name of person giving In formation <i>Wm. S. P. Boyer</i>		How related to deceased <i>Wife</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	How long <i>5 weeks</i>
Immediate <i>Asthma</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, data and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. S. Brownell M.D.</i>
	Address <i>Mt. Airy, Md.</i>
<i>Accident or Suicide?</i>	



Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Days

Date

of death 1905

Month

Feb

Day

13

Age

Years

71

Months

11

Sex

Male

Color or
Race

White

Birth-
place

Maryland

Occupation

Farmer

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Ellen Fowler

Father's
Name

Don't Know

Father's
BirthplaceMother's
Maiden Name

Don't Know

Mother's
BirthplaceName of person giving
In formation

Mrs. John Smelser

How related
to deceased

daughter

CAUSES OF DEATH

Primary

Cerebral Hemorrhage

How long

8 hours

Immediate

41

41

64

How long

4

4

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

H. Woodward,
Westminster, Md.

Accident or Suicide?

No

Shaver
of Johns. Cemetery

Name
in
Full

CERTIFICATE OF DEATH

Whitfield Hoff Cable

Town

County

MARYLAND

Died at

Sandyville

Carroll

Date

of death 190

5'

Month

Feb

Day

11

Age

Years

19

Months

1

Days

11

Sex

Female

Color or
Race

White

Birth-
place

Maryland

Married, Single
or Widowed

Married

Occupation

Name of Wife or
Husband

Guy W Cable

Father's
Name

Albert R Hoff

Mother's
Maiden Name

Ella Stull

Name of person giving
Information

Ella Hoff

Father's
Birthplace

Maryland

Mother's
Birthplace

do

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Peritonitis

116

How long

7 days

Immediate

Heart Failure

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

J. J. Boorman M.D.

Address

Westminster

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Sharrer
Sandpiper

Name
in
Full

Emma Blanche Carr

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Birdhill</i>		Town <i>Carroll</i>		County		MARYLAND	
Date of death <i>1905</i>	Month <i>Feb.</i>	Day <i>28</i>	Age <i>21</i>	Years <i>—</i>	Months <i>2</i>	Days <i>1</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Carroll Co</i>				
Occupation <i>House wife</i>	Where Residing if not at place of death <i>Home</i>						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Carr</i>						
Father's Name <i>Gran Green</i>	Father's Birthplace <i>Carroll Co</i>						
Mother's Maiden Name <i>Annie Catherine Love</i>	Mother's Birthplace <i>" "</i>						
Name of person giving information <i>Augustus Carr</i>	How related to deceased <i>Husband</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cerebro Spinal Meningitis</i>	How long <i>10 days</i>
Immediate <i>Heart Failure</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Thos. Coonan M.D.</i>
	Address <i>Westminster</i>
Accident or Suicide?	

Blount

Name
in
Full

Charles F. Carter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Eldersburg</i>		^{County} <i>Carroll</i>		MARYLAND							
Date of death	1905	Month	<i>Feb</i>	Day	<i>23</i>	Age	<i>67</i>	Months		Days	
Sex	<i>Male</i>		Color of Race	<i>White</i>			Birth-place	<i>Maryland</i>			
Occupation	<i>none</i>			Where Residing if not at place of death			<i>same as above</i>				
Married , Single	Name of Wife or Husband										
Father's Name	<i>Thos. J. Carter</i>						Father's Birthplace	<i>Ind.</i>			
Mother's Maiden Name	<i>Josephine Allen</i>						Mother's Birthplace	<i>Ind.</i>			
Name of person giving information	<i>Jas. P. Carter</i>						How related to deceased	<i>Brother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Aortic Insufficiency</i>	How long	<i>Unknown</i>
Immediate	<i>Fell dead while dressing</i>	How long	<i>-</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>W. D. Morris, M.D.</i>
		Address	<i>Eldersburg</i>
			<i>Ind.</i>
Accident or Suicide?	<i>-</i>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Mary & Skinst*
Annekester Town*Carroll* CountyDate
of death *1904*Month
*02*Day
20

Age

Years
*65*Months
*5*Days
*11*Sex *Female*Color or
Race*white*Birth-
place*Annekester Md*

Occupation

*Housewife*Where Residing if not
at place of death*Annekester Md*Married, Single
or Widowed*Married*Name of Wife or
Husband*Lewis Skinst*Father's
Name*Samuel Bowman*Father's
Birthplace*Annekester Md*Mother's
Maiden Name*Nancy Burdett*Mother's
Birthplace*Annekester Md*Name of person giving
In formation*J. Samuel Skinst*How related
to deceased*Son*

CAUSES OF DEATH

119

Primary

Hemorrhagic nephritis

How long

4 weeks

Immediate

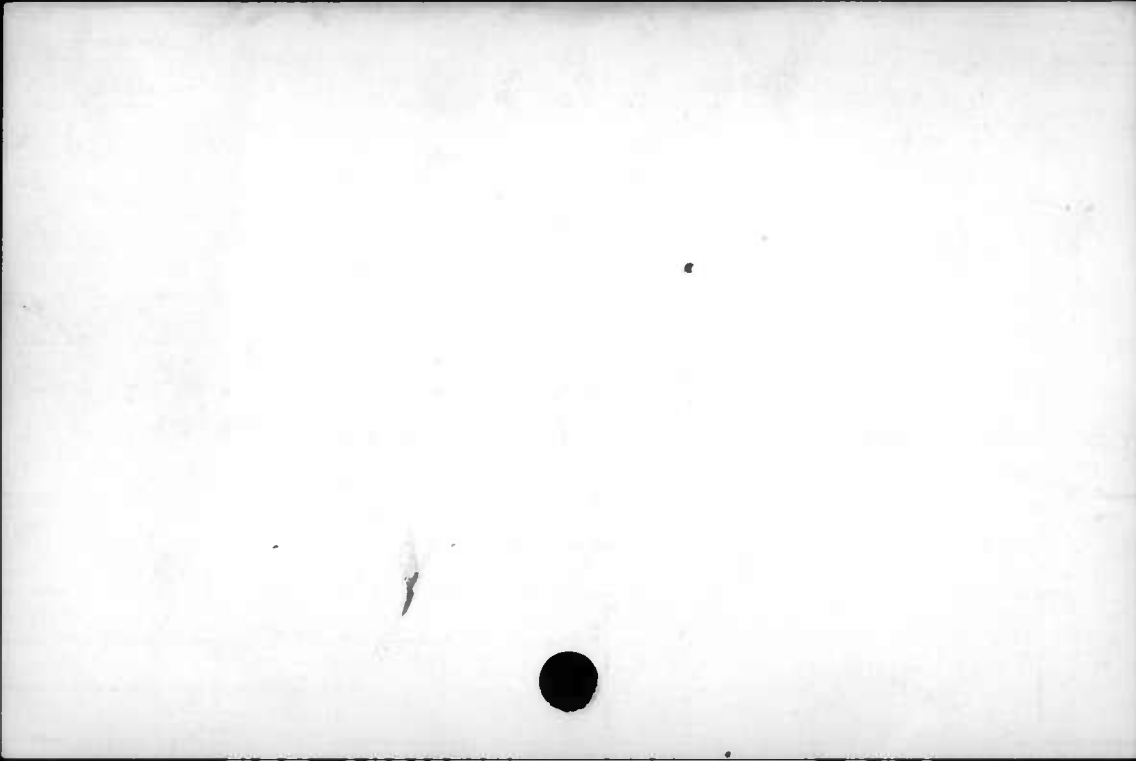
Exhaustion from loss of blood

How long

*6 hours*Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?



Name
in
Full

Eleanor Dugdale

CERTIFICATE OF DEATH

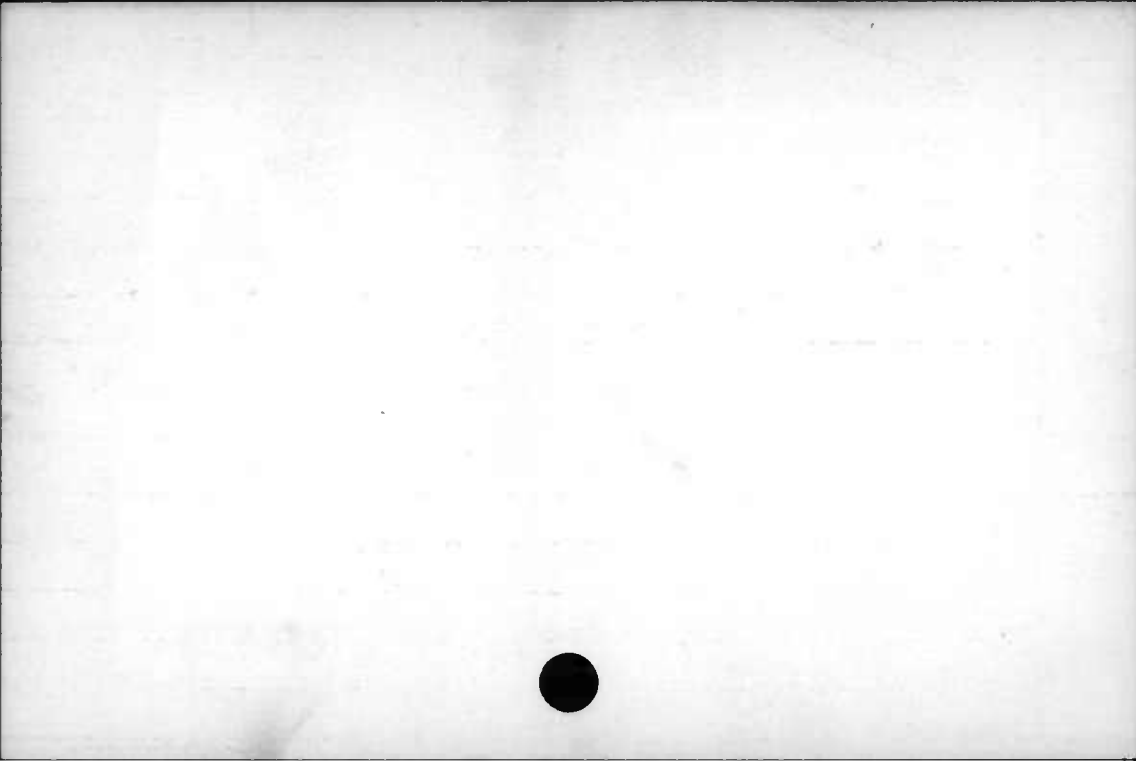
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sykesville</i> ^{Town}		County <i>Carroll</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>2</i>	Day <i>6</i>	Age <i>58</i> ^{years}	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ireland</i>		
Occupation <i>Housewife</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Widow</i>		Name of Wife Husband <i>William Dugdale</i>			
Father's Name <i>William Dugdale</i>			Father's Birthplace <i>Scotland</i>		
Mother's Maiden Name <i>Eleanor Graham</i>			Mother's Birthplace <i>Ireland</i>		
Name of person giving information <i>Elizabeth Dugdale</i>			How related to deceased <i>Daughter</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Terminal Dementia</i>	How long <i>over two years</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>John Norfolk Morris M.D.</i>
	Address <i>Springfield State Hospital</i>
Accident or Suicide? <i>No.</i>	<i>Sykesville, Carroll Co. Md.</i>



Name
in
Full

Solomon A. Ecker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town New Windsor		County Carroll		MARYLAND	
Date of death	1905	Month Feb	29	Day 22	Years 70	Months	Days
Sex	Male		Color or Race	Or		Birth- place	md
Occupation	Farmer			Where Residing if not at place of death		New Windsor	
Married, Single or Widowed	Mr.		Name of Wife or Husband	Hester Prohl			
Father's Name	Samuel Ecker					Father's Birthplace	md
Mother's Maiden Name	Susanne Haines					Mother's Birthplace	md
Name of person giving In formation	Preston Ecker					How related to deceased	son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	General Debility -	How long	2 months
Immediate	Angina Pectoris	How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	W. H. Bullockson
		Address	New Windsor Md.
Ascertained by			



Name
in
Full

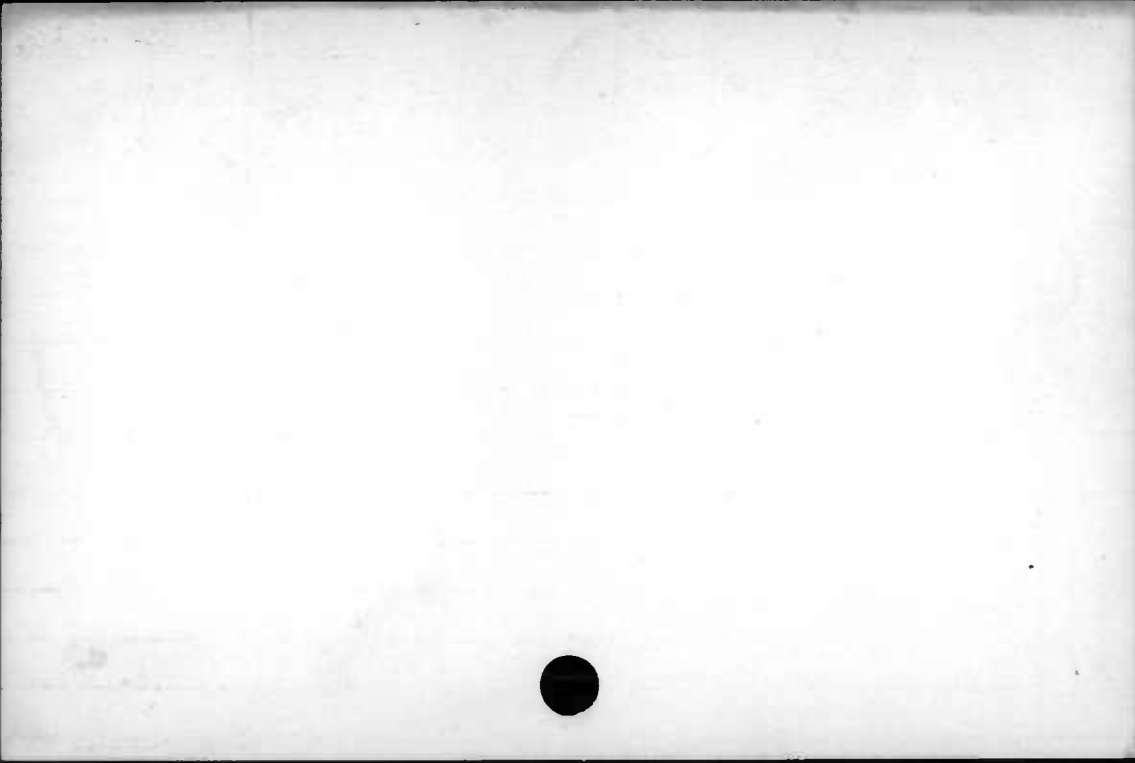
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Jacob Fleck					Town Springfield County Mad		MARYLAND	
Died at Springfield Hospital		Date of death 1905 Feb 5		Age 74		Months — Days —		
Sex M		Color or Race W		Birth-place Germany				
Occupation Turner				Where Residing if not at place of death				
Married, Single Widowed				Name of Wife or Husband Elizabeth				
Father's Name —				Father's Birthplace				
Mother's Maiden Name —				Mother's Birthplace				
Name of person giving information Hospital records				How related to deceased				

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary Cerebral apoplexy	How long 3 days
	Immediate Exhaustion	How long
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician Chas J. Henry
		Address Springfield Md.
Accident or Suicide?		



Name
in
Full

Leslie Newton Fowler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mumfourn</i>		Town		<i>Carroll</i>		County		MARYLAND	
Date of death 1905		Month <i>Feb</i>		Day <i>2</i>		Age <i>1</i>		Years <i>11</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>		Months <i>11</i>		Days <i>24</i>	
Married, Single or Widowed <i>Infant</i>				Occupation					
Name of Wife or Husband									
Father's Name <i>Harry M. Fowler</i>						Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Florence Ida Wilson</i>						Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>Harry M. Fowler</i>						How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute Bronchitis</i>		How long <i>90</i>		<i>One week</i>	
Immediate <i>Heart Failure</i>		How long <i>1</i>		<i>hour</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Leah Kemp</i>			
		Address <i>Mumfourn Md</i>			
Accident or Suicide?					



Name

in
Full

CERTIFICATE OF DEATH

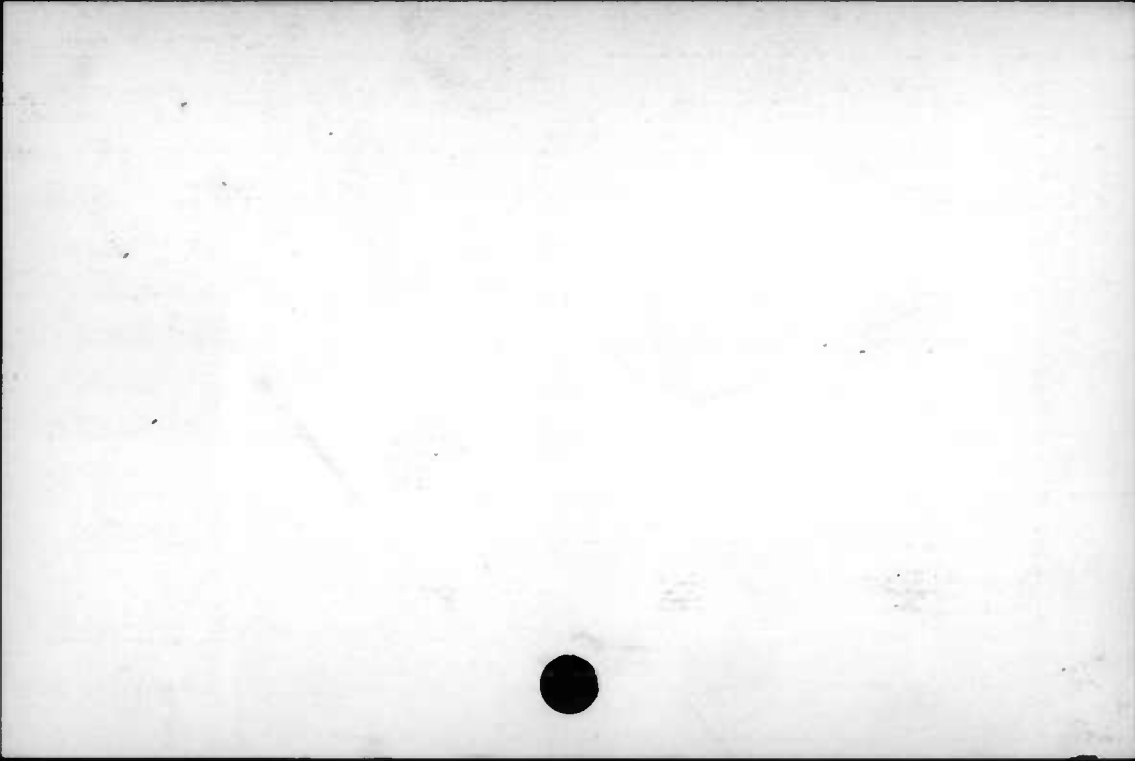
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>How Bridge</i> ^{Town}		<i>Cumby Co</i> ^{County}		MARYLAND	
Date of death <i>1905</i>	<i>2</i> ^{Month}	<i>2</i> ^{Day}	<i>71</i> ^{Years}	<i>—</i> ^{Months}	<i>11</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Fredk Co. Md</i>		
Occupation <i>H. wife</i>	Where Residing if not at place of death <i>Fredk Co Md</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>J. M. Forrest</i>				
Father's Name <i>Adam Drulbeis</i>	Father's Birthplace <i>Fredk Co Md</i>				
Mother's Maiden Name <i>Annie Campbell</i>	Mother's Birthplace <i>" "</i>				
Name of person giving information <i>Dustin Brown Mrs</i>	How related to deceased <i>not at all</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>11 days</i>
Immediate <i>Heart failure</i>	How long <i>✓</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>U. T. E. MILLER</i>
<i>investigated</i>	Address <i>FRANKLIN RD.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

Lorrinick Fowler

Town

County

MARYLAND

Died at

Westminster

Years

Carroll

Months

Days

Date

1905 Feb

Day

7

Age

82

4

Sex

Male

Color or
Race

White

Birth-
place

Maryland

Occupation

Lumber

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Margaret Lynch

Father's
Name

Edward Fowler

Father's
Birthplace

Maryland

Mother's
Maiden Name

Rebecca Leubin

Mother's
Birthplace

Wis

Name of person giving
Information

C H Fowler

How related
to deceased

Son

CAUSES OF DEATH

Primary

Paralysis

How long

9 days

Immediate

Heart Failure

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Thos. J. Coonan M.D.

Address

Westminster

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Shinner

St Johns Cemetery

Name
in Full

CERTIFICATE OF DEATH

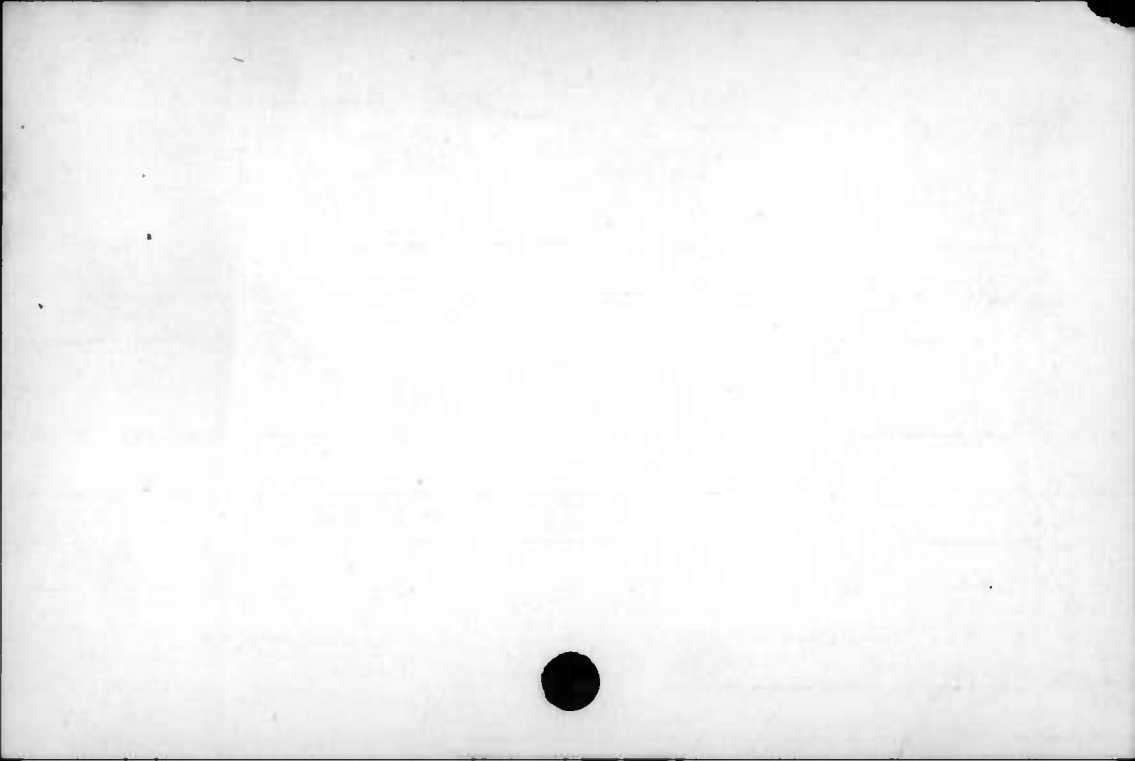
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Mary Elizabeth Franklin</i>		Town <i>Carns Creek</i>		County <i>Carroll</i>		MARYLAND	
Died at		Date of death		Age		Months	
		<i>1905 Feb 9</i>		<i>73</i>		<i>11 4</i>	
Sex <i>Female</i>		Color or Race <i>W</i>		Birth-place <i>Ind</i>			
Occupation <i>Retired farmer</i>		Where Residing if not at place of death <i>Carns Creek</i>					
Married, Single or Widowed <i>M</i>		Name of Wife or Husband <i>Wm Franklin</i>					
Father's Name <i>David Riler</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Don't know</i>		Mother's Birthplace <i>Don't know</i>					
Name of person giving information <i>Nathan Franklin</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Wilitation Heart: 79</i>	How long <i>2 weeks</i>
Immediate	<i>Yes</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>A. G. Brooks</i>	Address <i>Marlow Ind.</i>
Accident or Suicide?		



Name in Full		Catherine Frizzell				CERTIFICATE OF DEATH	
Tcwn		Bloom				County	
County		Carroll				MARYLAND	
Died at		Date of death		Month		Day	
571		1905		Feb		2	
Age		Years		Months		Days	
80		—		—		—	
Sex		Color or Race		Birth-place			
Female		White		Carroll Co			
Occupation		Where Residing if not at place of death					
Housekeeper		at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Widow							
Father's Name		Father's Birthplace					
Will Baile		Carroll Co					
Mother's Maiden Name		Mother's Birthplace					
Don't Know							
Name of person giving information		How related to deceased					
Ruben Frizzell		Son					
CAUSES OF DEATH							
Primary		How long					
Cold		5 days					
Immediate		How long					
Capillary Bronchitis							
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician					
Yes		E. D. Grouse M.D.					
		Address					
		Winfield					
		Md					
Accident or Suicide?							

Stinson

Bloom

Name
in
Full

Lucinda Gornies

CERTIFICATE OF DEATH

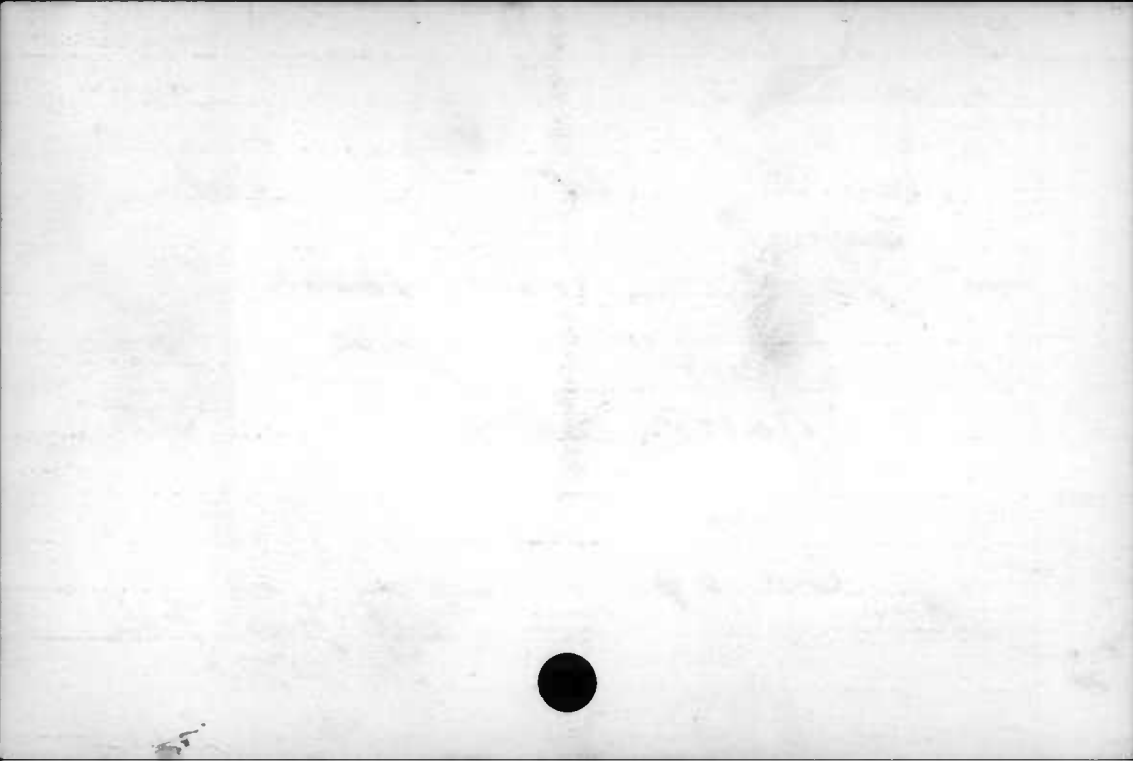
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Gist</i> Town		<i>Carroll</i> County		MARYLAND	
Date of death	<i>1905</i>	Month <i>Feb</i>	Day <i>8</i>	Age <i>72</i> Years	Months <i>—</i> Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Carroll Co</i>		
Occupation <i>House wife</i>		Where Residing if not at place of death <i>—</i>			
Married, Single <i>Widow</i>	Name of Wife Husband <i>Abner Wash Gornies</i>				
Father's Name <i>—</i>			Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>—</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>Abner G Gornies</i>			How related to deceased <i>—</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>—</i>	How long <i>—</i>
Immediate <i>Pulmonary Consumption</i>	How long <i>8 mos</i>
Are the name, age, sex, color, date and place correctly given above <i>to best of</i>	Signature of Physician <i>S. H. Gorsuch</i>
<i>own knowledge</i>	Address <i>Gamber Md</i>
Accident or Suicide? <i>Natural</i>	<i>✓</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Henry Hahn

Town

County

Died *Near Kumps**Carroll*

MARYLAND

Date of death 1905 2 3

Age 78

Months 4 Days 12

Sex Male

Color or Race White

Birth-place Md

Occupation Laborer

Where Residing if not at place of death

Married, ~~Single~~
or Widowed

Name of Wife or Husband

Mary Hahn

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving information

Jacob Hahn

How related to deceased

Son

CAUSES OF DEATH

Primary

How long

Immediate

How long

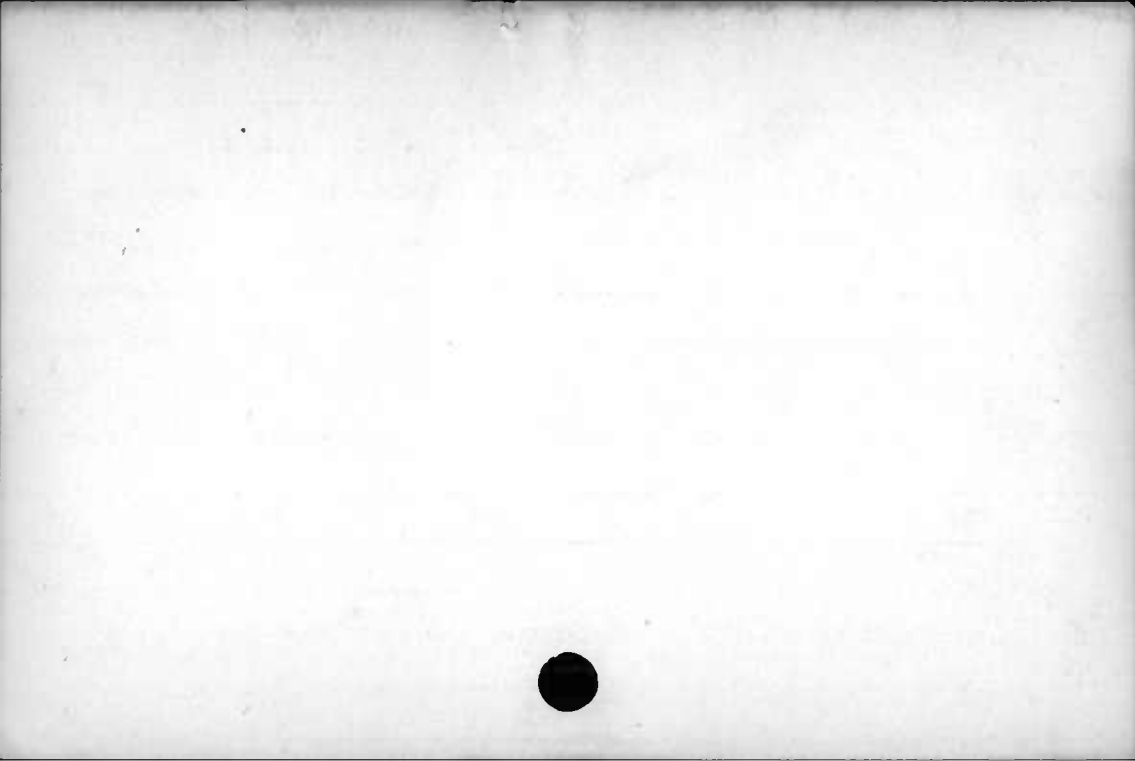
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

154
E. O. Foss Fall.
Laneytown
Ind

Accident or Suicide?



Name in Full

Certificate of Death

Sarah Ann Hartsock

No. 112

Town

County

Died at *Mar Union Bridge**Carroll*

MARYLAND

Date	Month	Day	Y.	M.	D.	Native of	Occupation
<i>1905</i>	<i>2</i>	<i>21</i>				<i>Union Bridge</i>	<i>House wife</i>
Male						Divorced	
	<i>White</i>		<i>Married</i>		<i>Widow</i>		
<i>Female</i>	Colored		Single		Widower		
						Number of children living	<i>none</i>

~~Husband~~ of *John Hartsock*

Father's Name *Adam Devilbiss* Mother's Name *Annie Campbell*

Cause of Death { Primary *Pneumonia* How long sick *2 weeks*

Death { Immediate

93

Accident, Suicide, Homicide

Reported by *D. J. E. Hoff*

Address *Union Bridge*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Cemetery

Henrietta Young

Town

County

Died at New Brunswick Carroll Co

MARYLAND

Date 1803 Month 2 Day 13 Y. 73. M. 3-10 D. Native of Md Occupation house wife

Male White Married Widow Divorced

Female Colored Single Widower Number of children living 2

Husband Mrs Young

Wife

Father's Name

Mother's Name

Cause of Primary

Primary

Death Immediate

Immediate

Heart failure

How long sick 2 weeks

Accident, Suicide, Homicide

Reported by J. H. Shauls

H. H. Shauls

Address Haverhill

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Dr. Liggett attending physician

Name In Full

Certificate of Death

Elizabeth Heindell

Town

County

MARYLAND

Died near Kump's

Cecil

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1905

2

1

Age

73

6

27

York Co. Pa

~~Male~~

White

Married

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~

Widower

Number of children living 1

Husband of

Wife of Jacob Heindell

Father's Name

Name

Mother's

Maiden Name

Cause of

Primary

Pneumonia

How long sick

About month

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

Richard M. Hays

Address

Luttrell Pa

93

Robe buried at Littleton Pa

Feb. 4, 1905 9 am

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70298

John Elene

undertaker

Litchfield

Name in Full

Certificate of Death

Thomas E. Hoard

Town

County

MARYLAND

Died at

Net Army

Carroll

Date 1905-

Month Day

Feb 29

Y.

M.

D.

Native of

Occupation

Age

67

8

15-

Net

Laborer

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband
of

Wife

Father's
Name

John Hoard

Mother's

Maiden Name

Mary Grimes

Cause of

Primary

Pneumonia

Death

Immediate

How long sick

12 days

Accident, Suicide, Homicide

Reported by

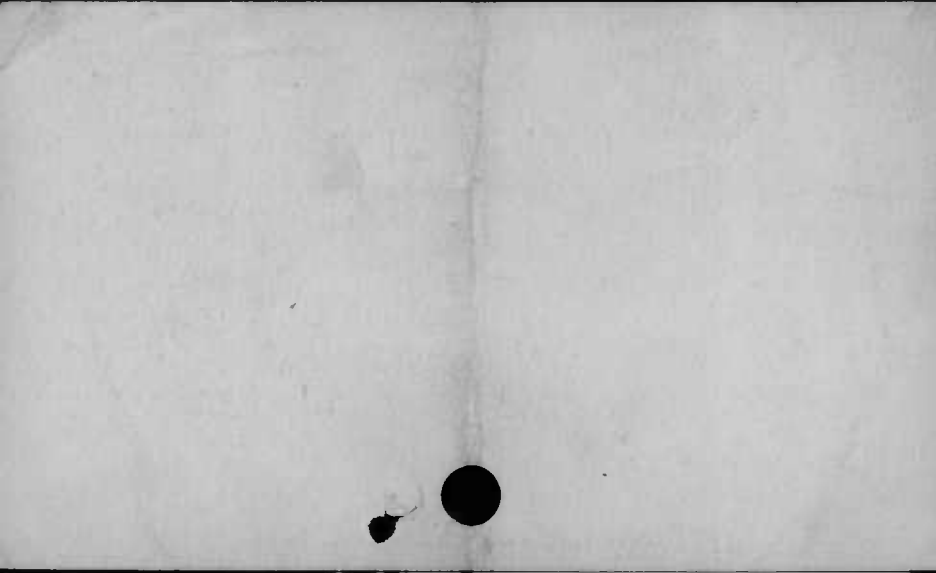
H. E. Grimes

Address

Net Army Net

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name
in
Full

Mary E Johnson

CERTIFICATE OF DEATH

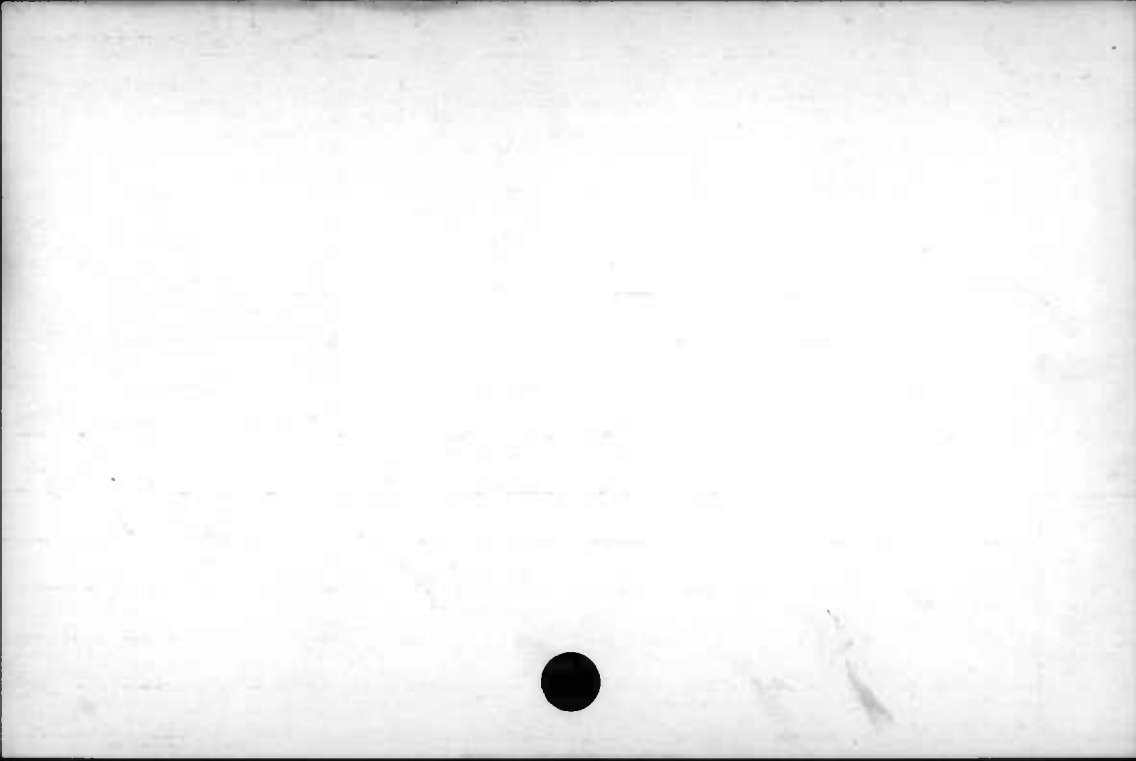
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Rehseville</i> ^{Town}		County <i>Carroll</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>Feb</i>	Day <i>10</i>	Age <i>65</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Md.</i>		
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>—</i>			
Married, <i>Married</i>	Name of Wife Husband <i>Chas Johnson</i>				
Father's Name <i>—</i>			Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>—</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>Jas R. Wear</i>			How related to deceased <i>None</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>General decline</i>	How long <i>2 or 3 weeks</i>
Immediate <i>Pneumonia</i>	How long <i>11 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>as near as can</i>	Signature of Physician <i>C. M. H. H. H. H. H.</i>
<i>Natural</i>	Address <i>Sylkeville Md.</i>
Accident or Suicide?	



Name
in
Full

Michael Kemper

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>San S Creek</i>		Town <i>San S Creek</i>		County <i>Carroll</i>		MARYLAND	
Date of death <i>1905</i>		Month <i>Feb.</i>		Day <i>12</i>		Age <i>80</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>Pennsylvania</i>		Months <i>5</i>	
Occupation <i>Miller</i>		Where Residing if not at place of death		Days <i>7</i>			
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband					
Father's Name <i>Don't Know</i>		Father's Birthplace					
Mother's Maiden Name <i>Don't Know</i>		Mother's Birthplace					
Name of person giving information <i>Savilla Stutter</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>		How long <i>1 week.</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. Brooks</i>	
		Address <i>Maraton Md.</i>	
Accident or Suicide?			

Storia

di Beniamino

Name
in
Full

Charles N. Kuhn

CERTIFICATE OF DEATH

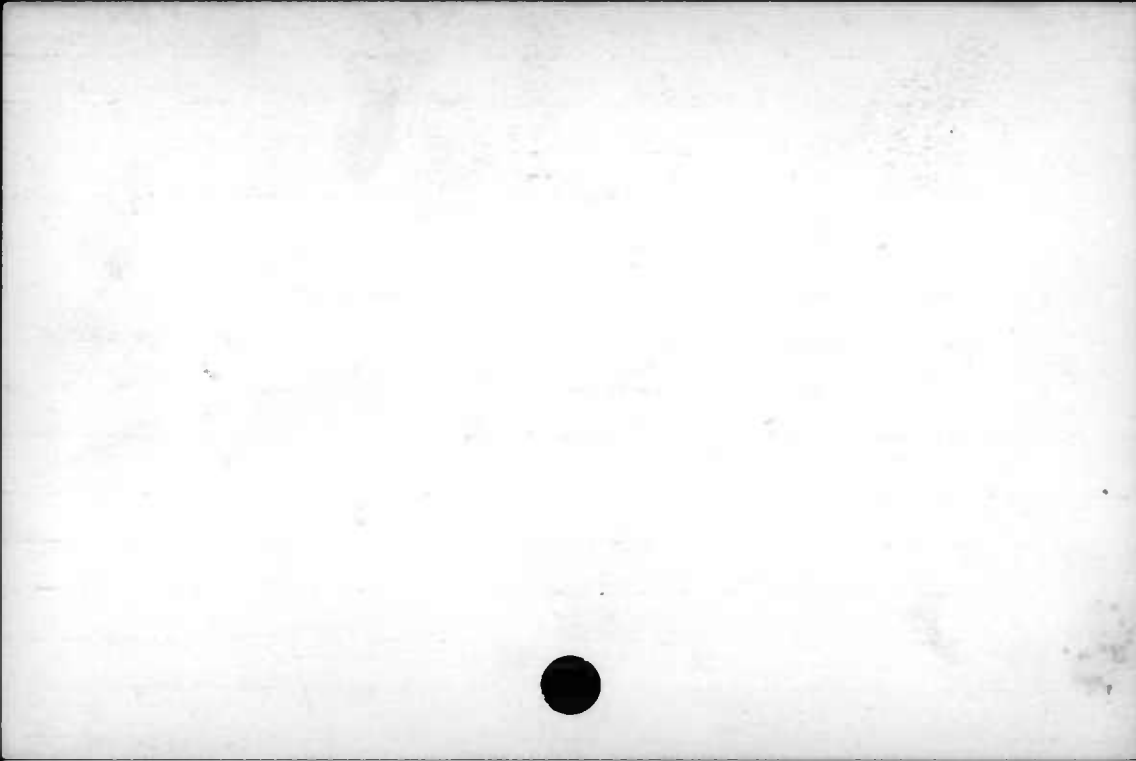
586

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Westminster</u> <small>Town</small>		<u>Carroll</u> <small>County</small>		MARYLAND	
Date of death	<u>1908</u> <small>Month</small>	<u>Feb</u> <small>Day</small>	<u>24</u> <small>Age</small>	<u>68</u> <small>Years</small>	<u>—</u> <small>Months</small>
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>Maryland</u>
Occupation	<u>Carpenter</u>		Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed	<u>Married</u>	Name of Wife or Husband	<u>Estelle Wampler</u>		
Father's Name	<u>John Kuhn</u>			Father's Birthplace	<u>Maryland</u>
Mother's Maiden Name	<u>Sallie Wampler</u>			Mother's Birthplace	<u>Id.</u>
Name of person giving information	<u>Estelle Kuhn</u>			How related to deceased	<u>Wife</u>

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<u>Diabetes</u>	<u>50</u>	How long	<u>4 yrs</u>
	Immediate	<u>Embolism & Heart failure</u>		How long	<u>6 weeks</u>
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>Wendell Wells</u>	
			Address	<u>Westminster</u>	
Accident or Suicide? <u>—</u>		<u>in my hand</u>			



Name
in
Full

Maggie McPherson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Sykesville^{County} Carroll

Date of death 1905 2nd

Day 22nd

Age 39 Years

Months

Days

Sex Female

Color or Race White

Birth-place Md.

Occupation Housewife

Where Residing if not at place of death

Married, Single or Widowed Married

Name of ~~Wife~~ Husband J. E. McPherson

Father's Name William P. Moore

Father's Birthplace Md.

Mother's Maiden Name Elizabeth Hill

Mother's Birthplace Md.

Name of person giving information J. E. McPherson

How related to deceased Husband

CAUSES OF DEATH

Primary Melancholia

68 ✓

How long 4 weeks.

Immediate Acute Cardiac Dilatation

How long 1/2 hour.

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

John Norfolk Morris M. D.

Address

Springfield State Hospital
Sykesville, Carroll Co. Md.

Accident or Suicide? No.

PHYSICIAN
OR CORONER



Name
in
Full

Sylvester Lavine Mack

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Westminster^{County} Carroll

131

MARYLAND

Date of death 1905 Feb

8

Age

Years

1

Months

1

Days

Sex

Male

Color or
Race

Colored

Birth-
place

Carroll

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

George A Mack

Father's
Birthplace

Balto Co.

Mother's
Maiden Name

Emma Cross

Mother's
Birthplace

Carroll Co.

Name of person giving
In formation

Geo A. Mack, Jr

How related
to deceased

Father

CAUSES OF DEATH

Primary

Broncho Pneumonia (Tubercular)

How long

3 weeks

Immediate

Meningitis

How long

5 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

D. Woodward
Westminster
Md.

Accident or Suicide?

—

PHYSICIAN
OR CORONER

colored cemetery

Stories

Name
in
Full

CERTIFICATE OF DEATH

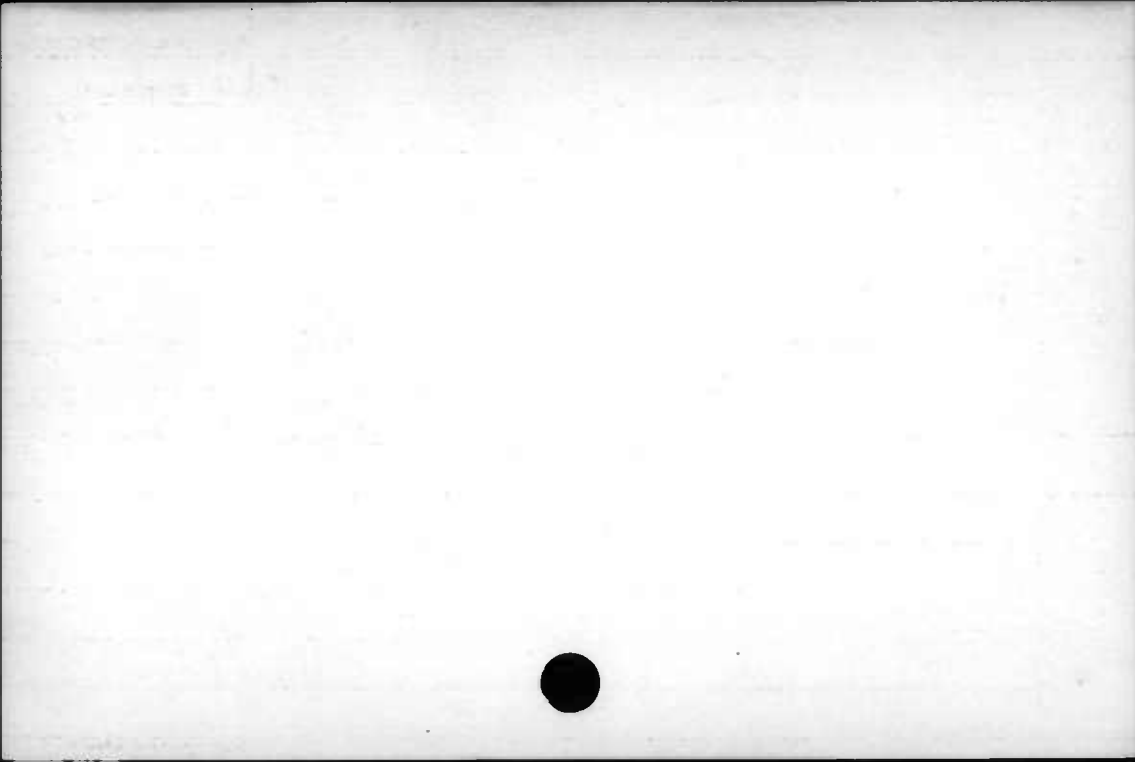
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Inelrose</u> Town		County <u>Carroll</u>		MARYLAND	
Date of death	1902	Month	July	Day	9
Age	34	Years	61	Months	4
Sex	Female	Color or Race	white	Birth-place	Inelrose
Occupation			Where Residing If not at place of death	Inelrose	
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		William Frenchey		Father's Birthplace Inelrose	
Mother's Maiden Name		Rachel G. Blain		Mother's Birthplace Cumberland Co	
Name of person giving information		Mrs Holmes		How related to deceased Sister in Law	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis	How long	27 V 4 years
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	J. H. Sherman M.D.
		Address	Manchester Carroll Co Md
Accident or Suicide?			



Name in Full Samuel. Ogle		Town Westminster		County Carroll		CERTIFICATE OF DEATH	
Died at near						MARYLAND	
Date of death 1905 Feb 17		Age 69		Months		Days	
Sex Male		Color or Race white		Birth-place Maryland			
Occupation Laborer		Where Residing if not at place of death					
Married, Single or Widowed Married		Name of Wife or Husband Martha Miles					
Father's Name Samuel. Ogle		Father's Birthplace Maryland					
Mother's Maiden Name don't know		Mother's Birthplace					
Name of person giving information Martha Ogle		How related to deceased Wife					
CAUSES OF DEATH							
Primary Intussusception		How long 9 days					
Immediate mortification		How long					
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician M L Bott					
		Address Westminster. Md					
Accident or Suicide?							

Shaver

Name in Full		Town				County		CERTIFICATE OF DEATH			
577		Fountain Valley				Carroll		MARYLAND			
Died at		Date of death		Month		Day		Age		Years	
		1905 Feb 15						10		12	
Sex		Male		Color or Race		white		Birth-place		Md	
Occupation								Where Residing if not at place of death			
Married, Single or Widowed		Single		Name of Wife or Husband							
Father's Name		Bland B. Reifsnider				Father's Birthplace		Carroll Co			
Mother's Maiden Name		Emma Gungling				Mother's Birthplace		11 11			
Name of person giving information		Bland B. Reifsnider				How related to deceased		Father			
CAUSES OF DEATH											
Primary		Dentition - Nemia				How long					
Immediate		Convulsions				How long		108 15-hrs			
Are the name, age, sex, color, date and place correctly given above?		yes				Signature of Physician		Chas. R. Foutz			
						Address		Westminster Md			
Accident or Suicide?											

Slower

Name
in
Full

Catherine E. Rinehart

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

598 Died at *Westminster* Town *Carroll* County

Date of death *1903* Month *Feb* Day *17* Age *86* Years Months *2* Days *—*

Sex *Female* Color or Race *White* Birthplace *Germany*

Occupation *House Wife* Where Residing if not at place of death *—*

Married, Single or Widowed *Widow* Name of ~~Wife~~ Husband *John Rinehart*

Father's Name *Peter Nord* Father's Birthplace *Germany*

Mother's Maiden Name *don't know* Mother's Birthplace *—*

Name of person giving information *Fredrick Rinehart* How related to deceased *Son*

CAUSES OF DEATH

Primary *Pneumonia* How long *1 week*

Immediate *93* How long *—*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

Jos. J. Hanning

Westminster

MD

Accident or Suicide?

Shawnee

Name
in
Full

CERTIFICATE OF DEATH

Emily J. Rifshand

Died at Westminster

County

Carroll

MARYLAND

Date

of death 190

Month

5th Feb

Day

10

Age

Years

74

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Maryland

Married, Single
or Widowed

Widow

Occupation

Name of Wife or
Husband

James Rifshand

Father's
Name

John. Wampler

Father's
Birthplace

Maryland

Mother's
Maiden Name

Elizabeth Tringling

Mother's
Birthplace

do

Name of person giving
Information

Annie J. Fowler

How related
to deceased

Daughter

CAUSES OF DEATH

Primary

Diabetes Mellitus

How long

3 yrs

Immediate

Exhaustion

How long

6 weeks

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Wm D Wells

Address

Westminster

Accident or Suicide?

—

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Sharon

Knicker

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Julia Roop*
New Windsor

Town

Barroll

County

MARYLAND

Date of death *1905* *Feb* *9*

Month

Day

Age *45*

Years

Months

Days

Sex *Female*Color or
Race*W.*Birth-
place*Md*Occupation *Invalid*Where Residing if not
at place of death*New Windsor*Married, Single
or Widowed *Single*Name of Wife or
HusbandFather's
Name *John Roop*Father's
Birthplace *Md*Mother's
Maiden Name *Julia Nicodmus*Mother's
Birthplace *Md*Name of person giving
In formation *John Roop*How related
to deceased *Brother*

CAUSES OF DEATH

Primary *Epilepsy*How long *Since infancy*

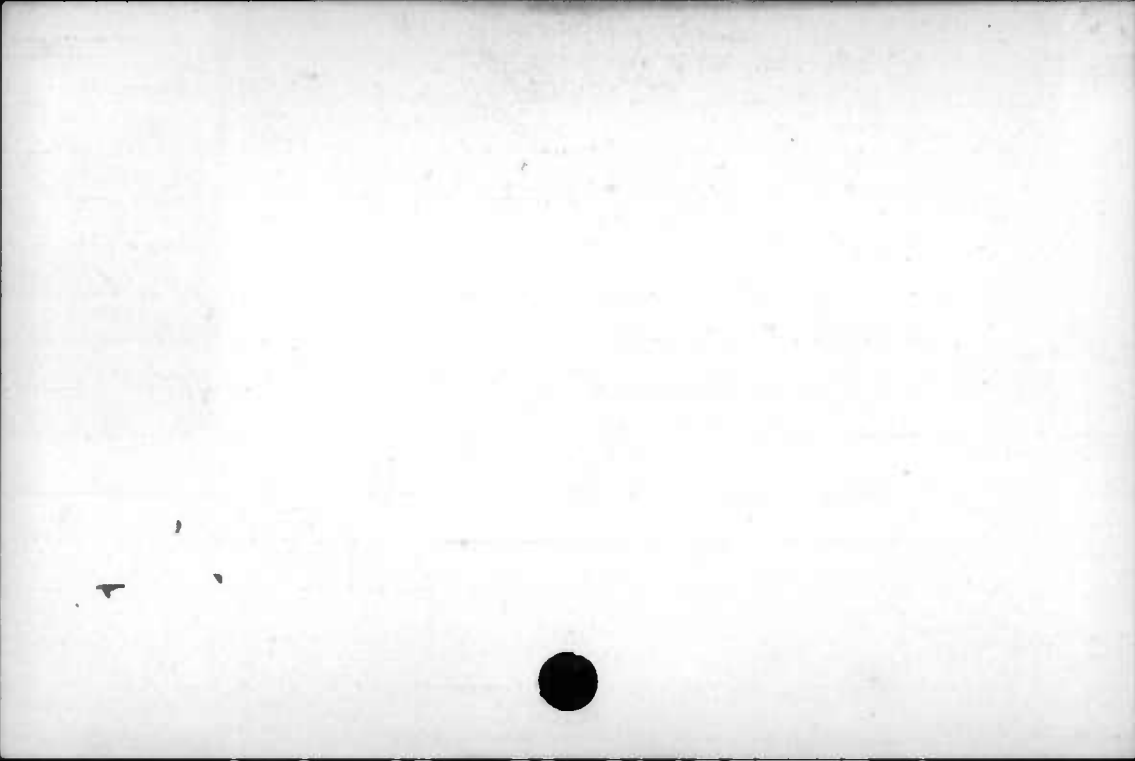
Immediate

Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

Address

Accident or Suicide?

PHYSICIAN
OR CORONER



Name in Full		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>near Westminster</i>		County <i>Carroll</i>		State <i>MARYLAND</i>	
	Date of death <i>1905</i>	Month <i>Feb</i>	Day <i>7</i>	Age <i>7</i>	Months <i>4</i>	
	Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Carroll Co</i>		
	Occupation		Where Residing if not at place of death			
	Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
	Father's Name <i>Oleiver Shipley</i>	Father's Birthplace <i>Carroll Co</i>		Mother's Maiden Name <i>Barrie E. Watover</i>		
Mother's Birthplace <i>" "</i>		Name of person giving information <i>Oleiver Shipley</i>		How related to deceased <i>Father</i>		
CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary <i>Marasmus</i>		How long <i>2 mos</i>		Signature of Physician <i>Dr Thos Corian</i>	
	Immediate		How long			
	Are the name, age, sex, color, date and place correctly given above?		Address <i>Westminster Md</i>			
	<i>yes</i>		Accident or Suicide?			

Wm Park cemetery

Stone

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Springfield State Hospital* ^{Town} *Lylesville* ^{County}Date of death *1905* ^{Month} *Feb.* ^{Day} *21* ^{Years} *54* ^{Months} ^{Days}Sex *male* Color or Race *White* Birth-place *md*Occupation *Brick mason* Where Residing if not at place of death —Married, Single or Widowed *Single* Name of Wife or Husband —

Father's Name — Father's Birthplace —

Mother's Maiden Name — Mother's Birthplace —

Name of person giving information *Hospital records* How related to deceased

CAUSES OF DEATH

Primary *General Paresis* How long *18 months*Immediate *Cerebral apoplexy* How long *3 days*

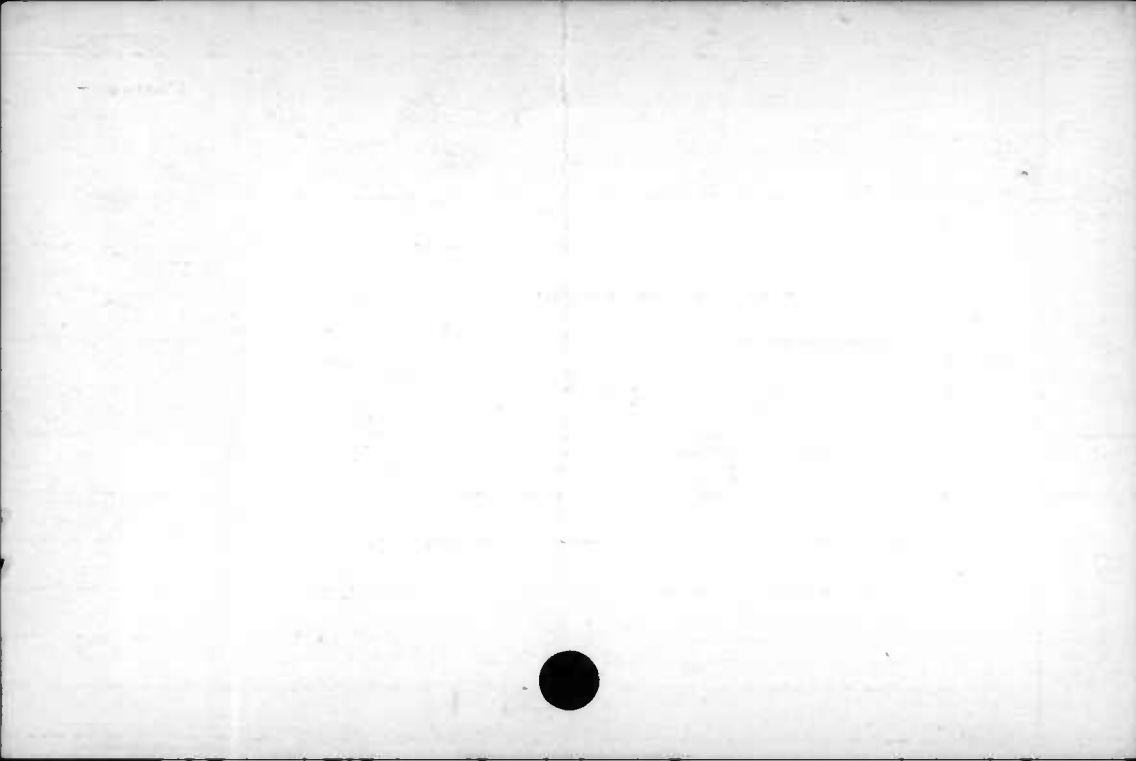
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Chas. J. Barry
Lylesville md

Accident or Suicide?



Name in Full

Certificate of Death

Albert H Snyder

Died at ^{Town} Hampstead ^{County} Carroll

MARYLAND

Date 1905 ^{Month} 2 ^{Day} 28 ^{Y.} 3 ^{M.} 16 ^{D.} 3 ^{Native of} Ind ^{Occupation}

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband
of

Wife

Father's Name Howard Snyder

Mother's Name

Cause of { Primary Broncho Pneumonia

How long sick 4 days

Death { Immediate Phlebotomy

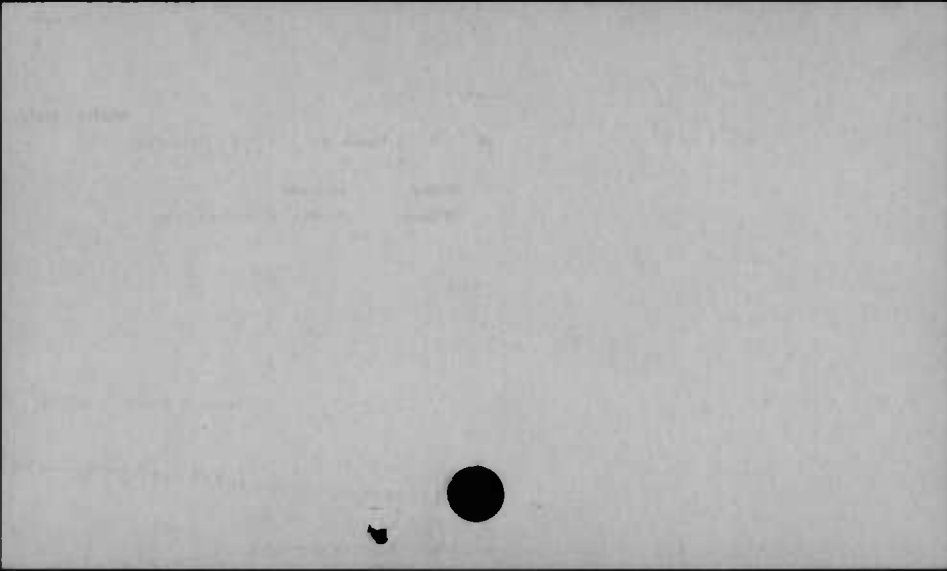
Accident, Suicide, Homicide

Reported by

Address Hampstead, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 1906



Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Name *Margaret Stoner*
 Died at *Westminster* ^{Town} *Carroll* ^{County}
 Date of death *1905 Feb. 18* ^{Month} ^{Day} ^{Years} Age *2* ^{Months} ^{Days}
 Sex *Female* Color or Race *White* Birth-place *Md.*
 Occupation _____ Where Residing If not at place of death _____

Married, Single
or Widowed*Single*Name of Wife or
HusbandFather's
Name*Harry D. Stoner*Father's
Birthplace*Md.*Mother's
Maiden Name*Grace Long*Mother's
Birthplace*Md.*Name of person giving
Information*Harry D. Stoner*How related
to deceased*Father*

CAUSES OF DEATH

Primary

Eggestion (accident)
Minors
Convulsions *61*

How long

14 days -

Immediate

How long

*10 hours*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

Address

*Chas. R. Fouts**Westminster*
Md.

Accident or Suicide?

Stones

Meadow Brook

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>James A. Turfle</i>		Town <i>Westminster</i>		County <i>Carroll</i>		MARYLAND					
Died at <i>Westminster</i>		Month <i>Feb</i>		Day <i>10</i>		Years <i>65</i>		Months <i>9</i>		Days <i>19</i>	
Date of death 190 <i>5</i>		Month <i>Feb</i>		Day <i>10</i>		Age <i>65</i>		Months <i>9</i>		Days <i>19</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Maryland</i>							
Married, Single or Widowed <i>Married</i>		Occupation <i>Farmer</i>									
Name of Wife or Husband <i>Susanna Gorsuch</i>											
Father's Name <i>William Turfle</i>		Father's Birthplace <i>Maryland</i>									
Mother's Maiden Name <i>Mary Glass</i>		Mother's Birthplace <i>Do -</i>									
Name of person giving In formation <i>Susanna Turfle</i>		How related to deceased <i>Wife</i>									

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>General Peristalsis</i>		How long <i>4 weeks</i>	
Immediate <i>Heart & Lungs</i>		How long <i>3 days</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Wm D. Wells</i>	
		Address <i>Westminster</i>	
Accident or Suicide?			

Sharon

Winter in. Cereals

Charles Worthington

Town

County

Died ~~near~~ Eldersburg

Carroll

MARYLAND

Date 1908 Feb. 18

Month

Day

Y.

M.

D.

Native of

Occupation

Age 72 - -

Age

72 - -

Md.

none

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

only

Husband of

Wife

Father's

Name

Unknown

Mother's

Name

Unknown

Cause of

Primary

Aortic Stenosis

79

How long sick

2 yrs.

Death

Immediate

was found dead.

Accident, Suicide, Homicide

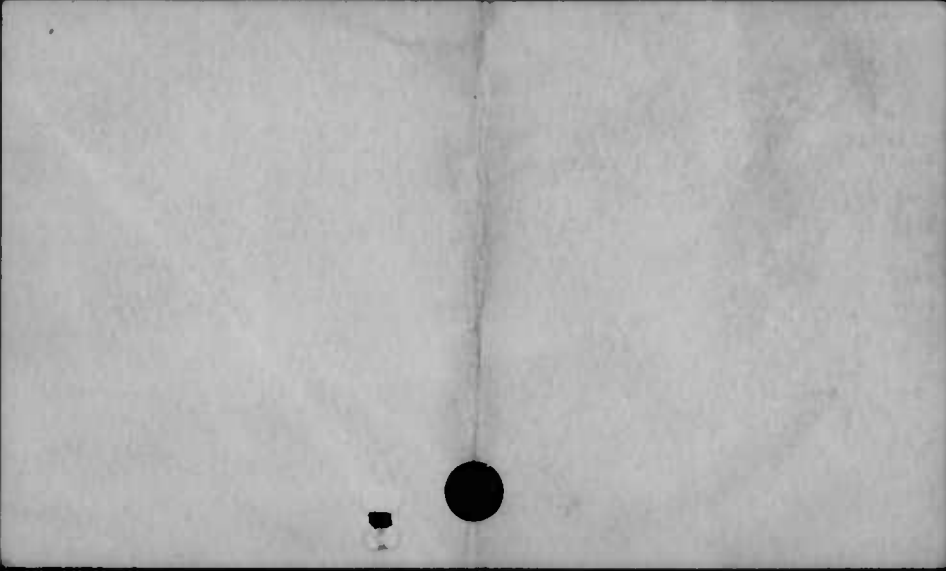
Reported by

M.D. Morris. M.D.

Address

Eldersburg. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hampstead</i>		County <i>Carroll</i>		MARYLAND	
Date of death	1905	Month	26	Day	11
Age		Years		Months	Days
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Carroll Co. Md.</i>	
Occupation		Where Residing if not at place of death			
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Adam J. Cunningham (deceased)</i>			
Father's Name		Father's Birthplace			
Mother's Maiden Name		Mother's Birthplace			
Name of person giving Information <i>John A. Cook</i>		How related to deceased <i>None</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cerebral Hemorrhage</i>	How long	<i>64</i>	<i>12 hrs.</i>
Immediate		How long		
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Edgar M. Bush</i>		
as far as obtainable		Address <i>Hampstead, Md.</i>		
Accident or Suicide?				

